

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018561

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 24

STATE FILE NUMBER

FILED MAY 22 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sullivan</u>		c. CITY OR TOWN <u>Sullivan</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>202 Watson, Sullivan, Mo</u>		d. STREET ADDRESS <u>202 Watson</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Robert Prentice Burkhardt</u>			4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-4-94</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Petersburg, Indiana USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>General Alexander Burkhardt</u>	13b. MOTHER'S MAIDEN NAME <u>WILLIS</u>	14. NAME OF HUSBAND OR WIFE <u>Nona Ethel Burkhardt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Wife</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>

DUE TO (b) <u>Arteriosclerotic Cardiovascular Dis.</u>		Unknown
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from <u>SEPT 1961</u> to <u>MAY 1962</u> and last saw her/him alive on <u>13 MAY 1962</u> Death occurred at <u>13 MAY 62</u> <u>11 55</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>679 Fisher Drive Sullivan Mo.</u>	22c. DATE SIGNED <u>14 MAY 62</u>
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23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May, 16-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	23d. LOCATION (City, town, or county) <u>Sullivan</u>	(State) <u>Missouri</u>
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24. FUNERAL DIRECTOR <u>Sullivan Memorial Funeral Home Inc.</u>	25. DATE RECD. BY LOCAL REG. <u>May 14, 1962</u>	26. REGISTRAR'S SIGNATURE <u>William Cowan</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

7/24/62

Woods

Etta Francis Willis

13b

DOCUMENT
BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

MAY 25 1962

MAY 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. M. Leroy

Licensed Embalmer No. 3601

P. O. Address H. Leroy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.